

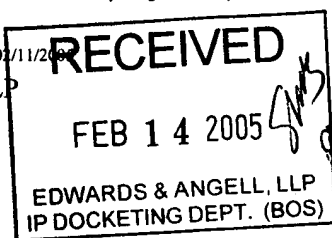
Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
Commissioner for Patents  
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Alexandria, Virginia 22313-1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

MAY 10 2005  
21872 7590  
EDWARDS & ANGELL, LLP  
P.O. BOX 55874  
BOSTON, MA 02205



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Michelle P. Chicos** (Depositor's name)  
*Michelle Chicos* (Signature)  
**May 10, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,693	12/10/2001	Hiroyuki Kimura	46342 /56776	1297

TITLE OF INVENTION: NOVEL PROTEIN AND DNA THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/11/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAYER, SUZANNE MARIE	1653	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 **David G. Conlin**  
2 **John B. Alexander, Ph.D.**  
3 **Edwards & Angell, LLP**

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Takeda Chemical Industries, Ltd.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Osaka, Japan**

05/13/2005 AWONDAF2 00000022 041105 10009693  
01 FC:1501 1400.00 DA  
02 FC:8001 9.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies **3**

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **04-1105** (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *John B. Alexander*  
Typed or printed name **John B. Alexander, Ph.D.**

Date **May 10, 2005**  
Registration No. **48,399**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/009,693
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,409.00		Filing Date	December 10, 2001
		First Named Inventor	Hiroiyuki Kimura
		Examiner Name	S. M. Mayer
		Art Unit	1653
		Attorney Docket No.	56776 (46342)

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards &amp; Angell, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>																		
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																		
Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)										
		Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)											
Utility	300	150	500	250	200	100												
Design	200	100	100	50	130	65												
Plant	200	100	300	150	160	80												
Reissue	300	150	500	250	600	300												
Provisional	200	100	0	0	0	0												
<b>2. EXCESS CLAIM FEES</b>																		
								Small Entity										
<b>Fee Description</b>								<b>Fee (\$)</b>										
Each claim over 20 (including Reissues)								50										
Each independent claim over 3 (including Reissues)								200										
Multiple dependent claims								360										
<table border="0"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> <td><b>Multiple Dependent Claims</b></td> </tr> <tr> <td>_____ - 20 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> <td><b>Fee (\$)</b>    <b>Fee Paid (\$)</b></td> </tr> </table>								<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	_____ - 20 = _____	x _____	= _____		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>	
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>														
_____ - 20 = _____	x _____	= _____		<b>Fee (\$)</b> <b>Fee Paid (\$)</b>														
<table border="0"> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>_____ - 3 = _____</td> <td>x _____</td> <td>= _____</td> <td></td> </tr> </table>								<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____ - 3 = _____	x _____	= _____				
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>															
_____ - 3 = _____	x _____	= _____																
<b>3. APPLICATION SIZE FEE</b>																		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																		
<table border="0"> <tr> <td><b>Total Sheets</b></td> <td><b>Extra Sheets</b></td> <td><b>Number of each additional 50 or fraction thereof</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>_____ - 100 = _____</td> <td>/50</td> <td>(round up to a whole number) x _____</td> <td>= _____</td> <td></td> </tr> </table>								<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____ - 100 = _____	/50	(round up to a whole number) x _____	= _____		
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>														
_____ - 100 = _____	/50	(round up to a whole number) x _____	= _____															
<b>4. OTHER FEE(S)</b>																		
Non-English Specification, \$130 fee (no small entity discount)																		
Other (e.g., late filing surcharge): 1501 Utility issue fee								1,400.00										
8001 Printed copy of patent w/o color								9.00										

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	48,399
Name (Print/Type)	John B. Alexander, Ph.D.	Telephone	(617) 439-4444
		Date	May 10, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV492342251US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 10, 2005

Signature: (Michelle Chicos)